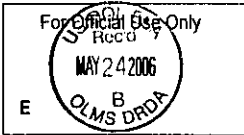


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="11011"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Patrick"/> <input type="text" value="Morin"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="270 Motor Parkway"/>  City <input type="text" value="Hauppauge"/>  State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="11788"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Empire State Regional Council of Carpenters"/>  Labor Organization File Number <input type="text" value="038-392"/>  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text" value="270 Motor Parkway"/>  City <input type="text" value="Hauppauge"/>  State <input type="text" value="New York"/> ZIP Code + 4 <input type="text" value="11788"/>
5. Position in labor organization. <input type="text" value="President"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

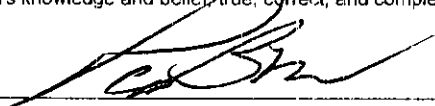
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>          7.b. Amount. <input type="text"/>
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### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Empire State Carpenters Fringe Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 270 Motor Parkway

City Hauppauge

State New York ZIP Code + 4 11788

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Collectively bargained fringe benefit funds between labor organization and employers for the benefit of members.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Spouse, Kathleen Morin, is the Manager for Pension and Annuity Funds of the Empire State Carpenters Fringe Benefit Funds.

## 12.b. Amount.

\$105,079

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.